ARMY MEDICINE
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Appendix 3
Reporting Available and Non-available Time

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13 November 2012

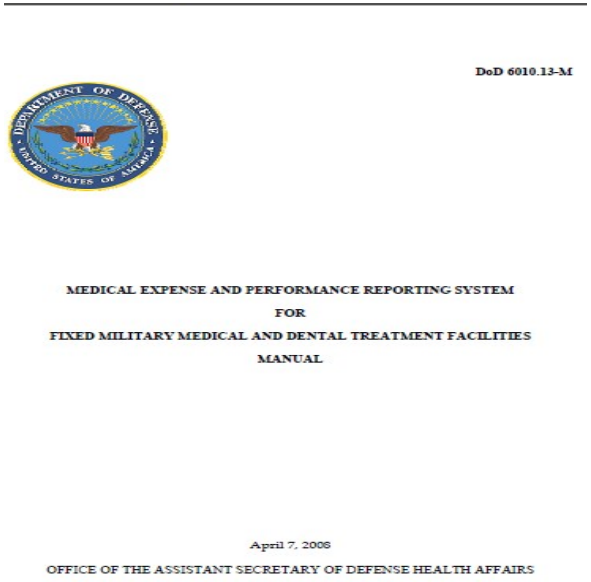
SECURITY CLASSIFICATION:
Unclassified

BRIEFING OUTLINE

PURPOSE: Proper reporting of man hours in DMHRSi

- TMA policies on collecting labor
- Army policies on collecting labor
- Define non-available and available time
- Reporting of admin time
- Review personnel labor accounting in EAS

DoD 6010.13-M - Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual



DoD 6010.13-M

MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM
FOR
FIXED MILITARY MEDICAL AND DENTAL TREATMENT FACILITIES
MANUAL

April 7, 2006
OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE HEALTH AFFAIRS

- TRICARE Management Activity (TMA)
- Provides the descriptions of the MEPRS Codes/Functional Cost Codes (FCC) used in DMHRSi as shown IAW Appendix 3 Business Rules for Man-hour reporting

DOD 6010.13-M - MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM FOR FIXED MILITARY MEDICAL AND DENTAL TREATMENT FACILITIES MANUAL

MEPRS Codes/Functional Cost Code's are 4-digit MTF-specific codes to track manpower costs and FTEs (assigned, available, non-available)

The first 3 letters of the MEPRS Codes/Functional Cost Codes are DoD-standard

First letter identifies MTF functional categories

A - Inpatient Care
B - Ambulatory Care
C - Dental Care
D - Ancillary Services
E - Support Services
F - Special Programs
G - Medical Readiness

Second letter identifies Summary Accounts within MTF functional categories

A = INPATIENT CARE

AA = Medical Care
AB = Surgical Care
AC = Obstetrical//Gynecological Care

The third letter identifies particular work centers within Summary Accounts

A = INPATIENT CARE

AA = MEDICAL CARE

AAA = Internal Medicine
AAB = Cardiology
AAD = Dermatology

The fourth digit is either standardized by AMPO or is an approved 4th level code for use by the MTF

A = INPATIENT CARE

AA = MEDICAL Care

AAA = INTERNAL MEDICINE

AAAA = Internal Medicine clinic

DoD 6010.13-M - Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual

Personnel categories (officer, enlisted, civilian, contractor, and volunteer) and skill types shall be used to report available and non-available time

1 Clinicians
2 Direct Care Professionals
3 Registered Nurses
4 Direct Care Paraprofessionals
5 Admin/Clerical/Logistics

Appendix 3

Table AP3.T1. Specific Rules for Reporting Available and Non-Available Time in Fixed Medical and Dental Facilities

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
1	At work in the facility (including when on call at the facility (rule 3b below), approved telecommuting, pre-approved overtime, or earned comp time for civilians)	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Benefiting work center/FCC
2a	Performing research during the normal duty day and by authorized and assigned MTF personnel who are hired by the MTF for this specific mission This type of research is not specific to a single patient as part of patient care delivery; e.g., this type of research is conducted during normal working hours or approved telecommuting hours. Research performed by GME/GDE or other formal student programs should be recorded in the respective student MEPRS code; i.e., FAK, FAM, FAN, FAO, FAP, and FAQ, and should not be recorded in FAH. Research performed during the official duty day by credentialed or licensed personnel to meet their annual professional requirement to earn CE units should be reported in FAL. This research is not normally performed as part of the normal duty day for credentialed providers, but if this type of research is performed during the official duty day, it should be considered CE.	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	FAH*

- Business Rules for reporting available and non-available hours
- On Call at home (not at the facility) and not working – rule 3c
- PT – rule 13

Army ~ MEPRS Reference Guidelines

REPORTING COMPONENTS BY MEPRS/FCC (INCLUDES 4th LEVEL CODING)

OTE: 4TH LEVEL MEPRS CODES ARE STANDARIZED FOR ARMY MEPRS REPORTING. NO SUBSTITUES ARE AUTHORIZED WITHOUT APPROVAL ROM THE ARMY MEPRS OFFICE PROGRAM (AMPO). ALL MEPRS/FCCS MUST BE APPROVED BY AMPO IN ADVANCE. 'ALL' CUMULATIVE DDITIONS/CHANGES MADE FOR FY11 ARE HIGHLIGHTED IN RED FONT. THE MOST RECENT CHANGES ARE HIGHLIGHTED IN AMBER.

FCC	TITLE	DATA SET ID(S)	RAW STAT AMOUNT	WTD STAT AMOUNT	ALLOCATION FACTOR	SERVICE UNIT AND/OR COMMENTS ON FY11 CHANGES
	INPATIENT CARE					
OTE: INPATIENT WARDS CANNOT BE REPORTED IN A PURE 'A' MEPRS CODE AND MUST BE IN AN INPATIENT COST POOL MEPRS CODE OF A%X%						
	MEDICAL CARE					
AA_	INTERNAL MEDICINE	OBD; DISP	NUMBER OF OBDs; NUMBER OF DISPs			OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; DISP
AB_	CARDIOLOGY	OBD; DISP	NUMBER OF OBDs; NUMBER OF DISPs			OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; DISP

						REQUIRES AMPO APPROVAL TO
AC	*OBSTETRICAL AND GYNECOLOGICAL CARE*					
ACBA	OBSTETRICS AND GYNECOLOGY INPATIENT CARE	OBD; DISP	NUMBER OF OBDs; NUMBER OF DISPs			OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; DISP
ACX_	MOTHER & BABY UNIT	ACX_DMIS ID	NUMBER OF OBDs	MINUTES OF SERVICE	MIN OF SVC	NOTE: A SEPARATE 4TH LEVEL CODE IS NOT AUTHORIZED FOR LABOR & DELIVERY (L&D)

- List of Standard MEPRS Codes/Functional Cost Codes

ARMY MEPRS REFERENCE GUIDELINES FY12
REPORTING COMPONENTS BY MEPRS/FCC (INCLUDES 4th LEVEL CODING)

FCC	TITLE	DATA SET ID(S)	RAW STAT AMOUNT	WTD STAT AMOUNT	ALLOCATION FACTOR	SERVICE UNIT AND/OR COMMENTS ON FY11 CHANGES
AD	*PEDIATRIC CARE*					
ADA_	PEDIATRICS	OBD; DISP	NUMBER OF OBDs; NUMBER OF DISPs			OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; DISP
ADB_	NEWBORN NURSERY	OBD; DISP	NUMBER OF BASSINET DAYs; NUMBER OF DISPs			BASSINET DAYS W/ANC & W/PROF; BASSINET DAYS W/ANC & W/O PROF; BASSINET DAYS W/O ANC & W/O PROF; DISP
ADD	ADOLESCENT PEDIATRICS					DEACTIVATED
ADX_	INPATIENT PEDIATRIC CARE COST POOLS	ADX_DMIS ID	NUMBER OF OBDs AND/OR BASSINET DAYs	MINUTES OF SERVICE	MIN OF SVC	
ADZ_	PEDIATRIC CARE NOT ELSEWHERE CLASSIFIED	OBD; DISP	NUMBER OF OBDs; NUMBER OF DISPs			OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; DISP REQUIRES AMPO APPROVAL TO USE
AE	*ORTHOPEDIC CARE*					
AEA_	ORTHOPEDICS	OBD; DISP	NUMBER OF OBDs; NUMBER OF DISPs			OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; DISP
AEB_	PODIATRY	OBD; DISP	NUMBER OF OBDs; NUMBER OF DISPs			OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; DISP

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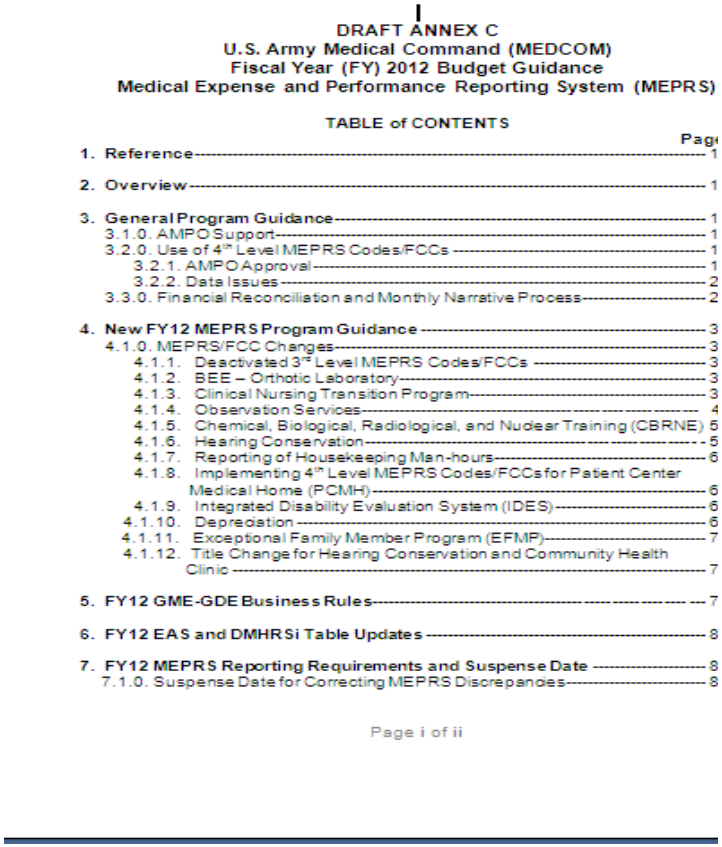
FY12
Version 01 - 6 September 2011

- AMPO updates with Army specific Fiscal Year guidance

AMPO Fiscal Year Guidance



DRAFT ANNEX C
U.S. Army Medical Command (MEDCOM)
Fiscal Year (FY) 2012 Budget Guidance
Medical Expense and Performance Reporting System (MEPRS)

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- Provided by AMPO each Fiscal Year
- Guidance remains in effect until superseded
- Draft ANNEX C sent until Funding Guidance Letter is signed

Subject Matter Experts for Functional Areas Special Templates

FY12 DMHRSi Task List for Nursing Personnel

Task Number	Task Descriptions
	LEAVE (SICK, ANNUAL, ETC)
01.01 MILITARY LEAVE	MILITARY LEAVE-Regular leave, time off for **FEDERAL** holidays, jury duty Military Only)
01.02 MILITARY SICK LEAVE	MILITARY SICK LEAVE -Medical & dental appts, quarters, convalescent l maternity leave (Assigned Military Only)
01.03 MILITARY AWOL/UA	MILITARY AWOL/UA (Assigned Military Only)
01.04 MILITARY OTHER	MILITARY OTHER- training holidays, pass, paternity leave (Assigned Milit
02.01 CIVILIAN LEAVE	CIVILIAN LEAVE --Annual leave, jury duty, time off award, admin leave, hc military leave while performing Reserve duties (Civilians Only)
02.02 CIVILIAN SICK LEAVE	CIVILIAN SICK LEAVE (Civilians Only)
02.03 CIV COMP TIME TAKEN	CIVILIAN COMP TIME TAKEN (Civilians Only)
02.04 CIV LEAVE W/O PAY	CIV LEAVE W/O PAY (Civilian Only)
	PATIENT CARE TIME
Workcenter Task	Time to patient care
ACX*.10	**Mother/Baby Unit** time to patient care
ACX*.20	**Labor and Deliver Unit** time to patient care
Charge hours to the borrowing units task	Time loaned/floated to another unit/cross-training on another unit within the
Workcenter Task.01	Preceptor time when precepting new personnel (excludes Nursing Transiti
ACX*.11	**Mother/Baby Unit** Preceptor time when precepting new personnel (exclud Transition personnel)
ACX*.21	**Labor and Delivery Unit** Preceptor time when precepting new personnel Nursing Transition personnel)
	PATIENT CARE TIME PERFORMED AWAY FOR THE UNIT
FEBA	Patient Transport - Accompany a patient to another facility (both military a military facilities
	ADMINISTRATIVE TIME
Workcenter Task.04	**Clinical Nurse OIC/Asst and NCOIC only** administrative time and funct Includes clinic meeting, supervisory duties, evaluations and counseling, co meetings, peer review, record audits, and other duties as assigned such a Control Officer, Patient Safety Officer, etc. when performed in support of th work center
ACX*.14	**Mother/Baby Unit - Clinical Nurse OIC/Asst and NCOIC only** adminis and functions. Includes clinic meeting, supervisory duties, evaluations and committee meetings, peer review, record audits, and other duties as assig Infection Control Officer, Patient Safety Officer, etc. when performed in sup assigned work center
	Labor and Delivery - Clinical Nurse OIC/Asst and NCOIC only admir

DMHRSi Tasks | Notes

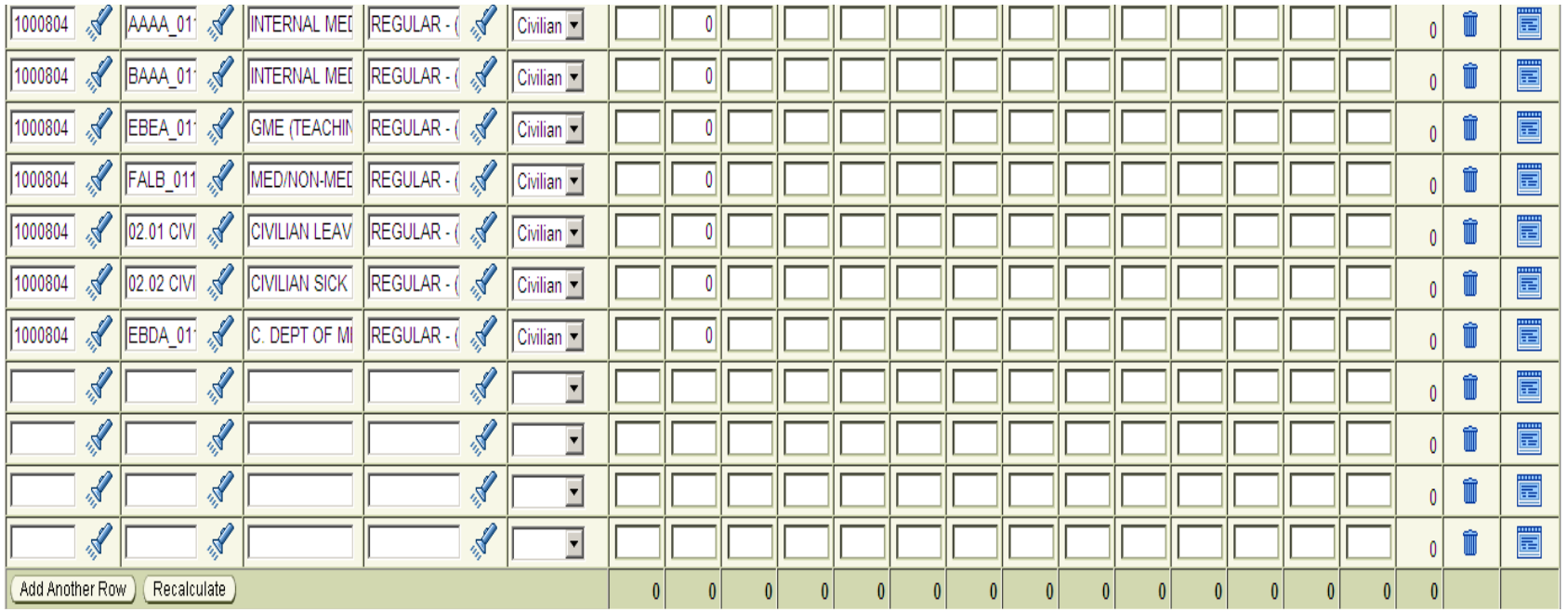
DMHRSi Timesheet template for Public Health

FUNCTIONAL AREA	MEPRS CODE AND TASK #	TASK NAME: (Limit 20 characters)	TASK DESCRIPTION	AMSCO (code)
APHN / OH	B**2	**SRP/SRC**	B**2 is only authorized when the Soldier Readiness Processing/Center (SRP/SRC) (work center) has a credentialed dedicated Skill Type (ST) 1 or 2 medical provider to supervise the ST 3, Registered Nurse. All encounters must be documented in the ST 1 or 2 appointment template for co-signature of the ST 3 notes. All work performed must be done in the physical location of the designated installation SRP/SRC site in an installation building. When this criteria is met, charge B**2 for time spent in the SRC site to **conduct direct out-patient care specific to medical readiness for operational deployments.**	BHA2 - Primary Care BFA2 - Psychiatry BFB2 - Psychology BFD2 - Mental Health BFE2 -Social Work
APHN	BHF*.20	**APHN CLINICAL SERVICES**	BHF*.20 is only authorized when the APHN/CHN clinic (work center) has a credentialed dedicated Skill Type (ST) 1 or 2 medical provider to supervise the ST 3, Registered Nurse. All encounters must be documented in the ST 1 or 2 appointment template for co-signature of the ST 3 notes. All work performed must be done in the physical location of the APHN/CHN clinic when charging time to BHF*.20. When this criteria is met, charge to BHF*.20 for time spent in the APHN/CHN clinic to **conduct direct out-patient clinical care**. When the APHN/CHN clinic only has ST 3 personnel assigned charge all time to FBF*.1 and document patient encounters as a non-reimbursable (non-count) visits.	847705.72
APHN	BHF*.21	**APHN Indirect Clinical Services**	Time spent by the APHN for documentatin of care and clinical coding in AHLTA.	
APHN	BHF*.01	**PERIODIC HEALTH ASSESS**	BHF*.01 is only authorized when the work center has a credentialed dedicated Skill Type (ST) 1 or 2 medical provider to supervise the ST 3, Registered Nurse. All encounters must be documented in the ST 1 or 2 appointment template for co-signature of the ST 3 notes. All work performed must be done in the physical location of the APHN/CHN clinic when charging time to BHF*.01. When this criteria is met, charge BHF*.01 for time spent **conducting direct out-patient care specific to the annual Periodic Health Assessment (PHA).**	847705.72
OH	BHG*.20	**OH CLINICAL SERVICES**	BHG*.20 is only authorized when the Occupational Health (OH) clinic (work center) has a credentialed dedicated Skill Type (ST) 1 or 2 medical provider to supervise the ST 3, Registered Nurse. All encounters begond the 99211 or 99499 E&M codes must be documented in the ST 1 or 2 appointment template for co-signature of the ST 3 notes. All work performed must be done in the physical location of the OH clinic when charging time to BHG*.20. When this criteria is met, charge BHG*.20 for time spent in the OH clinic to conduct direct clinical care specific to occupational health services. This includes time spent conducting new employee health screenings. When the OH clinic only has ST 3 personnel assigned charge all time to FBF*.01 or FBF*.03 and document patient encounters as a non-reimbursable (non-count) visit.	847705.2A
OH	BHG*.21	**OH INDIRECT CLNICAL SERVICES**	Time spent for documentation of care and clinical coding in AHLTA	
			Time spent by PM Dept. Chief to conduct department-level management and	

Change BHF*.0

MAIN | APHN | IH | OH | EH and Ento | Hearing | Health Physics

DMHRSi Timecard Template Example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1000804 EBEA_01 GME (TEACHIN REGULAR - (Civilian
1000804 FALB_011 MED/NON-MED REGULAR - (Civilian
1000804 02.01 CIVI CIVILIAN LEAV REGULAR - (Civilian
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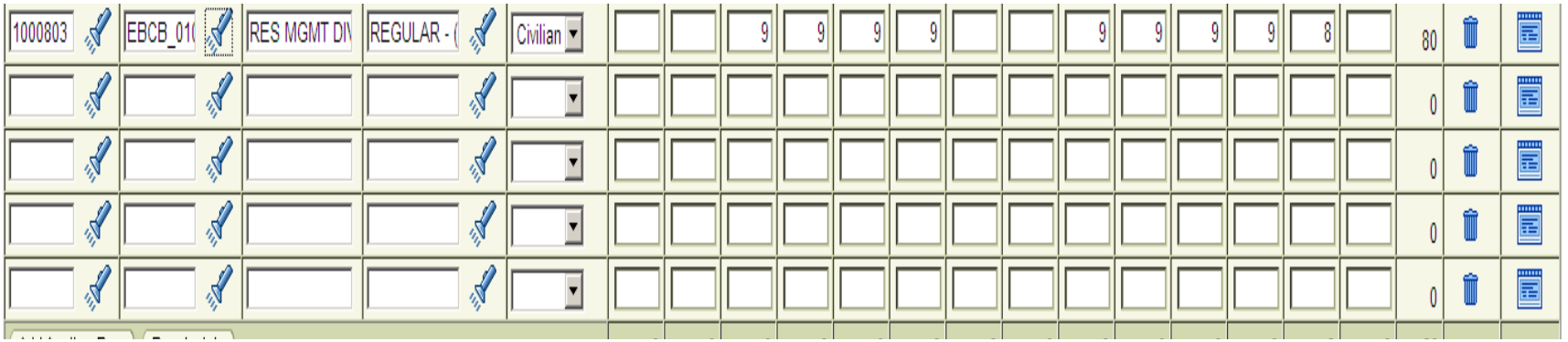
Add Another Row
Recalculate



ACCURACY IS IMPORTANT!

- It is important employees charge to the correct MEPRS Codes/FCC task to ensure man hour costs go to the appropriate work center benefiting from their time

- Reporting of civilian time is more accurate due to the DMHRSi timecard reconciling against the DCPS timecards

- Uses DMHRSi available/non-available hours to determine available days in clinic. Available days in clinic is used in calculation to determine utilization rate

Leave/Sick PROFIS MIL TNG
CME MTF Training

- **Failure to properly annotate readiness or other activities on timesheets will result in an increase or decrease to the cost for that work center**

NON-AVAILABLE HOURS

Non-Available Time/Hours - Time/hours expensed not in direct support of the healthcare or readiness mission by assigned military and civilian employees. Includes

- Annual leave
- Sick leave
- AWOL

Non-available time needs to be annotated so that man hour costs will not go against the work center when they are not there

Contractors, Volunteers, and Borrowed Personnel do not report non-available time to the MTF

Non-Reportable Time/Hours - Not accounted for in DMHRSi. This is time already excluded from the work month such as

- Regularly scheduled days off (e.g. Saturday and Sunday)
- Meal and other breaks

AVAILABLE HOURS

Available hours - Hours worked or expensed in support of the healthcare and readiness mission:

- Assigned and Borrowed Military
- Assigned and Borrowed Civilians
- Reservists
- Contractors
- Volunteers

Calculating FTE's

ASSIGNED FTEs

Calculated by dividing the number of assigned days by the number of days in the month for those individuals counted as part of the MTF assigned
strength

AVAILABLE FTEs

The Expenditure Item Quantity (Hours) divided by 168 where the Task Service Type is 'AVAILABLE' for all Person Types

NON-AVAILABLE FTEs

Calculated by dividing the total number of non-available hours by 168. Each category (sick, leave, and military other) should be computed separately for Active Duty, Civilian personnel and Local Nationals types only

ADMIN TIME

FY10 Fiscal Year Guidance

DRAFT ANNEX C
U.S. Army Medical Command (MEDCOM)
Fiscal Year (FY) 2010 Budget Guidance
Medical Expense and Performance Reporting System (MEPRS)

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Attachment 3 – Business Rules for Clinical Administrative Man-Hours Reporting

Attachment 3
Business Rules for Clinical Administrative Man-Hour Reporting

1. It is important to separate clinical administrative time and direct patient care time credentialed providers who have a skill type of 1 (Physician/Dentist) or a skill type (Direct Care Provider) to give visibility of the actual time spent providing direct pati care, and to support current productivity models which measure Relative Value Un (RVUs), Relative Weighted Product (RWP) per available Full-Time Equivalents (FT and Dental productivity. FY10 guidance is intended to prevent the shift of man-hou and costs from ancillary (D), administrative (E), special program (F) costs, and readiness (G) MEPRS/FCC accounts to direct patient care reported in inpatient (A) outpatient (B), or dental (C) MEPRS/FCC accounts.

2. Only credentialed providers with a skill type of 1 (Physician/Dentist) or skill type (Direct Care Provider) assigned to Inpatient (A), Outpatient (B), and Dental (C) MEPRS/FCC accounts are authorized to report clinical administrative time. The Cli Administrative business rules and policy effective in FY10 are provided below.

3. ***Examples of duties/functions (performed by MEDDAC/DENTAC personne which are NOT authorized to be reported as clinical administrative time in EB or EBD" MEPRS FCCs, and which should be reported in a more appropriate MEPRS/FCC account are provided below:***

a. All Students, Residents, Interns, Fellows, etc. are not authorized to report tim any administrative (E) MEPRS/FCC account. Students performing administrative functions should code that time to the applicable student FA** MEPRS/FCC accou

b. Research by credentialed providers for teaching students should not be repo as clinical administrative time and should be reported in the appropriate EBE* (GM EBI* (GDE), EBF*(non-GME/GDE student) teaching MEPRS/FCCs.

c. Personnel assigned/dedicated to 'D', 'E', 'F', or 'G' MEPRS/FCC accounts are authorized to report any clinical administrative time. All personnel assigned to thes work centers should report their administrative time to their assigned work center MEPRS/FCC. This restriction includes Anesthesia personnel who may be assigne an 'A' or 'B' MEPRS/FCC due to TDA organization, but their mission is to perform Anesthesia patient care reported in Anesthesia, DFA* MEPRS/FCC.

d. Registered Dietitians assigned to the Nutrition Care Division are not authoriz use clinical administrative 'E' MEPRS/FCC codes, and should report all approved administrative man-hours in EIBA, Combined Food Operations. All other personne assigned to the Nutrition Care Division should report administrative time to EIBA, Combined Food Operations. Examples of authorized administrative duties which c be reported in EIBA are supervision, peer review, clinic or division meetings, and J Commission duties.

DATA REVIEW

MEPRS data are routinely used by TMA, the Services and MTFs for critical policy and management decisions, as well as program evaluation

- Review & Analyses
- Business Plans
- Story Boards (Charts)
- Analyzing productivity
- Making labor resource decisions at all management levels

The need for data that’s quick and accurate increases each day. There are no second chances for anyone

DATA – DMHRSi versus EAS Repository

Common elements between DMHRSi Summary View Report and EAS Repository:

Unit Identification Code (UIC)
DMIS ID
MEPRS Code/Functional Cost Code
Service Unique Expense Element
Service Unique Program Element
Basic Symbol and Limit
Skill Type
Skill Type Suffix
Service Unique Occupation Code
Personnel Category
Duty Indicator
Source of Funds
Available Salary Expenses
Non-available Salary Expenses
Available FTE
Assigned FTE
Non-available Sick/Hosp FTE
Non-available Leave FTE
Non-available Other FTE
Available work hours
Non-available Leave work hours
Non-available Other work hours
Non-available Hosp/Sick work hours

References

MEPRS Manual - DoD 6010.13-M located on the MEPRS Information Portal: http://www.meprs.info

AMPO Website: http://www.ampo.amedd.army.mil

Questions ?
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